

**CH-110****Temporary Restraining Order**

Clerk stamps date here when form is filed.

Person in ① must complete items ①, ②, and ③ only.

**① Protected Person**a. Your Full Name: Deidre B. Finley

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FILED**  
LOS ANGELES SUPERIOR COURT

APR 30 2018

SHERRI R. CALDER, EXECUTIVE OFFICER/CLERK  
BY Patricia A. Moore DEPUTY

Fill in court name and street address:

Superior Court of California, County of

Los Angeles Superior Court  
6230 Sylmar Avenue  
Van Nuys, CA 91401  
North West District

Fill in case number when form is filed.

Case Number:

18VER000775**② Restrained Person**Full Name: Isabella DawsonDescription: CelesteSex: ☐ M ☒ F Height: 5'2" Weight: 1350 Date of Birth: \_\_\_\_\_  
Hair Color: Black Eye Color: Brown Age: 58 Race: Latina  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Relationship to Protected Person: Employer's Mother**③ ☐ Additional Protected Persons**

In addition to the person named in ①, the following family or household members of that person are protected by the temporary orders indicated below:

Full Name	Sex	Age	Household Member?	Relation to Protected Person
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if there are additional persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use form MC-025, Attachment.

The court will complete the rest of this form.

**④ Expiration Date**

This Order expires at the end of the hearing scheduled for the date and time below:

Date: 5-23-18 Time: 8:30 ☒ a.m. ☐ p.m.**This is a Court Order.**



**To the Person in ②:**

The court has granted the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

**⑤ Personal Conduct Orders**

☐ Not Requested    ☐ Denied Until the Hearing    ☒ Granted as Follows:

a. You must **not** do the following things to the person named in ①

☐ and to the other protected persons listed in ③:

- (1) ☒ Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- (2) ☒ Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- (3) ☐ Take any action to obtain the person's address or location. If this item (3) is not checked, the court has found good cause not to make this order.
- (4) ☐ Other (*specify*):  
☐ Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in ①.

**⑥ Stay-Away Order**

☐ Not Requested    ☐ Denied Until the Hearing    ☒ Granted as Follows:

a. You must stay at least 100 yards away from (*check all that apply*):

- (1) ☒ The person in ①
- (2) ☐ Each person in ③
- (3) ☒ The home of the person in ①
- (4) ☒ The job or workplace of the person in ①
- (5) ☒ The school of the person in ①
- (6) ☐ The school of the children of the person in ①
- (7) ☐ The place of child care of the children of the person in ①
- (8) ☐ The vehicle of the person in ①
- (9) ☐ Other (*specify*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. This stay-away order does not prevent you from going to or from your home or place of employment.

**⑦ No Guns or Other Firearms and Ammunition**

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.

b. You must:

- (1) Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.

**This is a Court Order.**

**To the Person in ②**

The court has granted the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

**⑤ Personal Conduct Orders**

☐ Not Requested    ☐ Denied Until the Hearing    ☒ Granted as Follows:

a. You must ~~not~~ do the following things to the person named in ①

☐ and to the other protected persons listed in ③:

- (1) ☒ Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- (2) ☒ Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- (3) ☐ Take any action to obtain the person's address or location. If this item (3) is not checked, the court has found good cause not to make this order.
- (4) ☐ Other (specify):  
☐ Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in ①.

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- (3) ☒ The home of the person in ①
- (4) ☒ The job or workplace of the person in ①
- (5) ☒ The school of the person in ①
- (6) ☐ The school of the children of the person in ①
- (7) ☐ The place of child care of the children of the person in ①
- (8) ☐ The vehicle of the person in ①
- (9) ☐ Other (specify):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. This stay-away order does not prevent you from going to or from your home or place of employment.

**⑦ No Guns or Other Firearms and Ammunition**

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.

b. You must:

- (1) Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.

**This is a Court Order.**

Case Number:

18VER000775

- 11 No Fee to Serve (Notify) Restrained Person** ☒ **Ordered** ☐ **Not Ordered**

The sheriff or marshal will serve this Order without charge because:

- a. ☒ The Order is based on unlawful violence, a credible threat of violence, or stalking.  
 b. ☐ The person in **1** is entitled to a fee waiver.

- 12** Number of pages attached to this Order, if any: \_\_\_\_\_

Date: \_\_\_\_\_

Judicial Officer

Dana A. Kleemden

### Warnings and Notices to the Restrained Person in **2**

#### You Cannot Have Guns or Firearms

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item **7** above. The court will require you to prove that you did so.

#### Notice Regarding Nonappearance at Hearing and Service of Order

If you have been personally served with this Temporary Restraining Order and form CH-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that is the same as this Temporary Restraining Order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item **2**.

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

#### After You Have Been Served With a Restraining Order

- Obey all the orders.
- Read form CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response if the Request claims that you inflicted or threatened violence against or stalked the person in **1**.
- You must have form CH-120 served by mail on the person in **1** or that person's attorney. You cannot do this yourself. The person who does the mailing should complete and sign form CH-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served, signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms). If you do not know how to prepare a declaration, you should see a lawyer.

**This is a Court Order.**



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The sheriff or marshal will serve this Order without charge because:

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**12** Number of pages attached to this Order, if any: \_\_\_\_\_

Date: \_\_\_\_\_

Judicial Officer

**Warnings and Notices to the Restrained Person in ②****You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item ⑦ above. The court will require you to prove that you did so.

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If you have been personally served with this Temporary Restraining Order and form CH-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that is the same as this Temporary Restraining Order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item ②.

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- You must have form CH-120 served by mail on the person in ① or that person's attorney. You cannot do this yourself. The person who does the mailing should complete and sign form CH-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served, signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms). If you do not know how to prepare a declaration, you should see a lawyer.

**This is a Court Order.**



- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

### Instructions for Law Enforcement

#### Enforcing the Restraining Order

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

#### Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item (4) on page 1.

#### Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

#### Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

#### If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

**This is a Court Order.**

Case Number:

18VER000775

### Conflicting Orders—Priorities for Enforcement

If more than one restraining order has been issued, the orders must be enforced according to the following priorities (see Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2), 6405(b)):

1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.



(Clerk will fill out this part.)

#### —Clerk's Certificate—

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: APR 30 2018 Clerk, by [Signature], Deputy

**This is a Court Order.**



Case Number:

18VER000775

### Conflicting Orders—Priorities for Enforcement

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1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.



(Clerk will fill out this part.)

#### —Clerk's Certificate—

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: APR 30 2018 Clerk, by

, Deputy

**This is a Court Order.**



**CH-100****Request for Civil Harassment Restraining Orders**

Clerk stamps date here when form is filed.

Read *Can a Civil Harassment Restraining Order Help Me?* (form CH-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

**1 Person Seeking Protection**

a. Your Full Name:

Deirdre B Finley Age: 53

Your Lawyer (if you have one for this case):

Name: Refusing One State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.)

[Redacted Address]

Telephone: [Redacted] FAX: [Redacted]

E-Mail Address: [Redacted]

**FILED**  
LOS ANGELES SUPERIOR COURT

APR 30 2018

SHERRI R. CANTER, EXECUTIVE OFFICER/CLERK  
BY PATRICIA A. MOHELAN, DEPUTY

Fill in court name and street address:

Superior Court of California, County of

Los Angeles Superior Court  
6230 Sylmar Avenue  
Van Nuys, CA 91401  
North West District

Court fills in case number when form is filed.

Case Number:

18VER000775**2 Person From Whom Protection Is Sought**

Full Name:

Tsahelle Celeste Dawson Age: 58

[Redacted Address]

**3 Additional Protected Persons**a. Are you asking for protection for any other family or household members? ☐ Yes ☐ No If yes, list them:

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if there are more persons. Attach a sheet of paper and write "Attachment 3a—Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 3b—Why Others Need Protection" for a title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

Case Number:

18VER000775

**4 Relationship of Parties**

How do you know the person in (2)? (Explain below):

Employers Mother

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 4—Relationship of Parties" for a title.

**5 Venue**

Why are you filing in this county? (Check all that apply):

- a. ☒ The person in (2) lives in this county.  
 b. ☒ I was harassed by the person in (2) in this county.  
 c. ☒ Other (specify):

**6 Other Court Cases**

a. Have you or any of the persons named in (3) been involved in another court case with the person in (2)?

- ☐ Yes ☒ No If yes, check each kind of case and indicate where and when each was filed:

Kind of Case	Filed in (County/State)	Year Filed	Case Number (if known)
(1) <input type="checkbox"/> Civil Harassment			
(2) <input type="checkbox"/> Domestic Violence			
(3) <input type="checkbox"/> Divorce, Nullity, Legal Separation			
(4) <input type="checkbox"/> Paternity, Parentage, Child Custody			
(5) <input type="checkbox"/> Elder or Dependent Adult Abuse			
(6) <input type="checkbox"/> Eviction			
(7) <input type="checkbox"/> Guardianship			
(8) <input type="checkbox"/> Workplace Violence			
(9) <input type="checkbox"/> Small Claims			
(10) <input type="checkbox"/> Criminal			
(11) <input type="checkbox"/> Other (specify):			

b. Are there now any protective or restraining orders in effect relating to you or any of the persons in (3) and the person in (2)? ☒ No ☐ Yes If yes, attach a copy if you have one.

**7 Description of Harassment**

Harassment means violence or threats of violence against you, or a course of conduct that seriously alarmed, annoyed, or harassed you and caused you substantial emotional distress. A course of conduct is more than one act.

a. Tell the court about the last time the person in (2) harassed you.

- (1) When did it happen? (provide date or estimated date): Sat April 28  
 (2) Who else was there?  
 ROSARIO DAWSON Patricia Frank  
 ESSA DAWSON Gustavo Gonzalez

**This is not a Court Order.**



(3) How did the person in (2) harass you? (Explain below):

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(3)—Describe Harassment" for a title.

I was grabbed pulled through a window she was trying to pry my phone out of my hand she threw me to ground where Rosaria her daughter joined + then both proceeded to pummel me, banged my head against ground, stomped on hand till I could hold on no longer stole my phone

(4) Did the person in (2) use or threaten to use a gun or any other weapon?

- ☐ Yes ☒ No (If yes, explain below):

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(4)—Use of Weapons" for a title.

(5) Were you harmed or injured because of the harassment?

- ☒ Yes ☐ No (If yes, explain below):

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(5)—Harm or Injury" for a title.

I received multiple contusions scrapes head trauma, injured hand leg + back went to hospital X-ray (16) cat scan - Follow up

(6) Did the police come? ☐ Yes ☒ No

If yes, did they give you or the person in (2) an Emergency Protective Order? ☐ Yes ☒ No

If yes, the order protects (check all that apply):

- a. ☐ Me b. ☐ The person in (2) c. ☐ The persons in (3)

Attach a copy of the order if you have one.

b. Has the person in (2) harassed you at other times?

- ☒ Yes ☐ No (If yes, describe prior incidents and provide dates of harassment below):

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7b—Previous Harassment" for a title.

I had video of her screaming + threatening me on my phone That's why she stole my phone

**This is not a Court Order.**

**Check the orders you want. ☒****8 ☒ Personal Conduct Orders**I ask the court to order the person in (2) **not** to do any of the following things to me or to any person to be protected listed in (3):

- a. ☒ Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- b. ☒ Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c. ☒ Other (specify):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 8c—Other Personal Conduct Orders," for a title.

leave my car and dog alone stop telling  
roommate to leave down open

The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

**9 ☒ Stay-Away Orders**

- a. I ask the court to order the person in (2) to stay at least 90 yards away from (check all that apply):

(1) ☒ Me(8) ☐ My vehicle(2) ☒ The other persons listed in (3)(9) ☐ Other (specify):(3) ☒ My home

To stop threatening  
my animals to person  
or kill or let them  
escape

(4) ☒ My job or workplace(5) ☒ My school(6) ☐ My children's school(7) ☐ My children's place of child care

- b. If the court orders the person in (2) to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job? ☒ Yes ☐ No (If no, explain below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 9b—Stay-Away Orders," for a title.

**10 ☐ Guns or Other Firearms and Ammunition**Does the person in (2) own or possess any guns or other firearms? ☐ Yes ☐ No ☒ I don't know

If the judge grants a protective order, the person in (2) will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in (2) will also be ordered to turn in to law enforcement, or sell to or store with a licensed gun dealer, any guns or firearms within his or her immediate possession or control.

**This is not a Court Order.**

**11 Immediate Orders**

Do you want the court to make any of these orders now that will last until the hearing without notice to the person in ②? ☒ Yes ☐ No (If you answered yes, explain why below):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 11—Immediate Orders" for a title.

**12 Request to Give Less Than Five Days' Notice**

You must have your papers personally served on the person in ② at least five days before the hearing, unless the court orders a shorter time for service. (Form CH-200-INFO explains What Is "Proof of Personal Service"? Form CH-200, Proof of Personal Service, may be used to show the court that the papers have been served.)

If you want there to be fewer than five days between service and the hearing, explain why below:

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 12—Request to Give Less Than Five Days' Notice" for a title.

**13 No Fee for Filing or Service**

- a. ☒ There should be no filing fee because the person in ② has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence.
- b. ☐ The sheriff or marshal should serve (notify) the person in ② about the orders for free because my request for orders is based on unlawful violence, a credible threat of violence, or stalking.
- c. ☒ There should be no filing fee and the sheriff or marshal should serve the person in ② for free because I am entitled to a fee waiver. (You must complete and file form FW-001, Application for Waiver of Court Fees and Costs.)

**14 Lawyer's Fees and Costs**

I ask the court to order payment of my: a. ☒ Lawyer's fees b. ☒ Court costs

The amounts requested are:

Item	Amount	Item	Amount
T B C	\$		\$
	\$		\$
	\$		\$

☐ Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 14—Lawyer's Fees and Costs" for a title.

**This is not a Court Order.**

Case Number:

18VER000775

**15** ☐ **Possession and Protection of Animals**

I ask the court to order the following:

- a. ☒ That I be given the sole possession, care, and control of the animals listed below, which I own, possess, lease, keep, or hold, or which reside in my household.

(Identify animals by, e.g., type, breed, name, color, sex.)

Mischai - Black + White Cat  
Lexi - a MEXICO Dog

I request sole possession of the animals because (specify good cause for granting order):

- ☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 15a—Possession of Animals" for a title.

They are mine

- b. ☐ That the person in **(2)** must stay at least 90 yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

**16** ☐ **Additional Orders Requested**

I ask the court to make the following additional orders (specify):

- ☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 16—Additional Orders Requested," for a title.

Rosario Dawson  
Patricia Fernandez

**17** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

At the process of return

Lawyer's name (if any)

Lawyer's signature

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: 04/29/18

Deborah B. Finley  
Type or print your name

[Signature]  
Sign your name

**This is not a Court Order.**



**CH-109****Notice of Court Hearing**

Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

a. Your Full Name:

Deidre B. Finley

Your Lawyer (if you have one for this case):

Name: Not Yet State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not

E-Mail Address: \_\_\_\_\_

**FILED**  
LOS ANGELES SUPERIOR COURT

APR 30 2018

SHERRI R. CASER, EXECUTIVE OFFICER/CLERK

BY Patricia A. Morejon DEPUTY

Fill in court name and street address:

Superior Court of California, County of

Los Angeles Superior Court  
6230 Sylmar Avenue  
Van Nuys, CA 91401  
North West District

Court fills in case number when form is filed.

Case Number:

**18VER000775****2 Person From Whom Protection Is Sought**

Full Name:

Isabelle Celeste Danson*The court will complete the rest of this form.***3 Notice of Hearing**

A court hearing is scheduled on the request for restraining orders against the person in ②:

**Hearing  
Date**

Date:

5-23-18

Time:

8:30

Dept.:

VE-1

Room:

730

Name and address of court if different from above:

**4 Temporary Restraining Orders** (Any orders granted are on Form CH-110, served with this notice.)

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form CH-100, Request for Civil Harassment Restraining Orders, are (check only one box below):

(1) ☒ All **GRANTED** until the court hearing.(2) ☐ All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)(3) ☐ Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)

Case Number:

18VER000775

b. Reasons for denial of some or all of those personal conduct and stay-away orders as requested in Form CH-100, *Request for Civil Harassment Restraining Orders*, are:

- (1) ☐ The facts as stated in Form CH-100 do not sufficiently show acts of violence, threats of violence, or a course of conduct that seriously alarmed, annoyed, or harassed the person in ① and caused substantial emotional distress.
- (2) ☐ Other (specify): ☐ As set forth on Attachment 4b.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

⑤ **Service of Documents by The Person in ①**

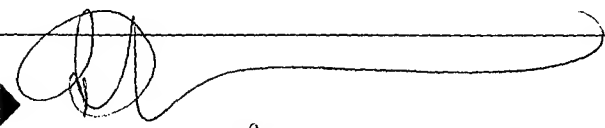
At least ☒ five ☐ \_\_\_\_\_ days before the hearing, someone age 18 or older—not you or anyone to be protected—must personally give (serve) a court file-stamped copy of this Form CH-109, to the person in ② along with a copy of all the forms indicated below: *Notice of Court Hearing*,

- a. CH-100, *Request for Civil Harassment Restraining Orders* (file-stamped)
- b. ☒ CH-110, *Temporary Restraining Order* (file-stamped) **IF GRANTED**
- c. CH-120, *Response to Request for Civil Harassment Restraining Orders* (blank form)
- d. CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*
- e. CH-250, *Proof of Service of Response by Mail* (blank form)
- f. ☐ Other (specify): \_\_\_\_\_

Date:

4/30/18

Judicial Officer

  
Dena N. Kleemund

**To the Person in ①:**

- The court cannot make the restraining orders after the court hearing unless the person in ② has been personally given (served) a copy of your request and any temporary orders. To show that the person in ② has been served, the person who served the forms must fill out a proof of service form. Form CH-200, *Proof of Personal Service*, may be used.
- For information about service, read Form CH-200-INFO, *What Is "Proof of Personal Service"?*
- If you are unable to serve the person in ② in time, you may ask for more time to serve the documents. Use Form CH-115, *Request to Continue Court Hearing and to Reissue Temporary Restraining Order*.

**To the Person in ②:**

- If you want to respond to the request for orders in writing, file Form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and have someone age 18 or older—**not you or anyone to be protected**—mail it to the person in ①.
- The person who mailed the form must fill out a proof of service form. Form CH-250, *Proof of Service of Response by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to turn in to law enforcement, or sell to or store with a licensed gun dealer, any firearms that you own or possess.



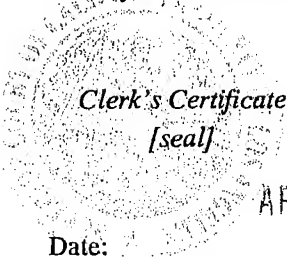
**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

(Clerk will fill out this part.)

**—Clerk's Certificate—**

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.



APR 30 2018

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_

, Deputy





NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: <div style="font-family: cursive; font-size: 1.2em;">Deidre B Finley</div> <div style="background-color: black; width: 200px; height: 30px; margin-top: 5px;"></div>		STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>  <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">FILED</div> <div style="font-weight: bold; margin: 5px 0;">LOS ANGELES SUPERIOR COURT</div> <div style="font-size: 1.2em; margin: 10px 0;">APR 30 2018</div> <div style="font-size: 0.8em; margin: 5px 0;">SHERID B. CANNON, EXECUTIVE OFFICER/ CLERK</div> <div style="font-size: 0.8em; margin: 5px 0;">BY PATRICIA A. MORENO, DEPUTY</div>
ATTORNEY FOR (NAME):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>			
COURT HOUSE ADDRESS:			
PETITIONER / PLAINTIFF: <div style="font-family: cursive; font-size: 1.2em;">Deidre B. Finley</div>			
RESPONDENT / DEFENDANT: <div style="font-family: cursive; font-size: 1.2em;">Isabelle Celeste Dawson</div>			
CHILD'S NAME:	CHILD'S DATE OF BIRTH:	CASE NUMBER: <b>18VER000775</b>	
DECLARATION RE: NOTICE OF EX PARTE REQUEST (NO NOTICE GIVEN) (Temporary Restraining Order)			RELATED CASES (IF ANY):

I, Deidre B Finley, declare that:  
(PRINT NAME)

1) I did not give notice to the other party in this action because:

- ☒ I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.
- ☐ I was afraid that the other party would take the children out of the area before the order could be granted and served.
- ☐ I believe that giving notice would make the orders useless because the other party would:

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2) I attempted and was unable to inform \_\_\_\_\_ or his/her attorney \_\_\_\_\_  
that I would be seeking a temporary restraining order. My attempts included \_\_\_\_\_

✓ 3) Other reason: \_\_\_\_\_  

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I declare that the above is true and correct, and that I executed this declaration at Van Nuys, California

04/29/18  
DATE

  
SIGNATURE OF DECLARANT:

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: <i>Deidre Finley</i>		STATE BAR NUMBER	Reserved for Clerk's File Stamp
[REDACTED]		[REDACTED]	
ATTORNEY FOR (NAME):			
COURT HOUSE ADDRESS: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>			
PETITIONER / PLAINTIFF: <b>6230 Sylmar Avenue Van Nuys, CA 91401 North West District</b>			
RESPONDENT / DEFENDANT:			
CHILD'S NAME: (If more than one child, please attach list)	CHILD'S DATE OF BIRTH:	CASE NUMBER:	
DECLARATION OF EX PARTE NOTICE (Temporary Restraining Order)			RELATED CASES (IF ANY):

I, \_\_\_\_\_, declare that:  
(PRINT NAME)

1) I informed the other party in this action that I would be seeking a temporary restraining order as follows:

Person informed: \_\_\_\_\_ Date and time informed: \_\_\_\_\_

How informed: ☐ By telephone to the party  
☐ By telephone to the attorney  
☐ By personally informing: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

I informed the person listed above that I would be seeking a temporary restraining order in Dept. \_\_\_\_\_ of the Superior Court located at \_\_\_\_\_ on \_\_\_\_\_, 200\_\_ at 8:30 a.m.

2) I told him/her the orders requested included, but were not limited to the following:

- ☐ That he/she not annoy, attack, molest, strike, batter, harass, assault, contact or disturb the peace of Petitioner/Respondent.
- ☐ That he/she stay 100 yards away from Petitioner/Respondent and Petitioner's/Respondent's home.
- ☐ That he/she be ordered to immediately move out of Petitioner's/Respondent's house.
- ☐ That Petitioner/Respondent have custody of the minor children.
- ☐ That he/she have no visitation with the children pending hearing.
- ☐ Other: \_\_\_\_\_

3) I informed the Petitioner/Respondent that he/she should appear at the above time and place if he/she wished to be heard by the court.

I declare the foregoing is true and correct under penalty of perjury under the laws of the State of California.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant

SHORT TITLE:

CASE NUMBER

18VER000775

**CIVIL CASE COVER SHEET ADDENDUM AND  
STATEMENT OF LOCATION  
(CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)**

This form is required pursuant to Local Rule 2.3 in all new civil case filings in the Los Angeles Superior Court.

**Step 1:** After completing the Civil Case Cover Sheet (Judicial Council form CM-010), find the exact case type in Column A that corresponds to the case type indicated in the Civil Case Cover Sheet.

**Step 2:** In Column B, check the box for the type of action that best describes the nature of the case.

**Step 3:** In Column C, circle the number which explains the reason for the court filing location you have chosen.

**Applicable Reasons for Choosing Court Filing Location (Column C)**

- |  |  |
|--|--|
| 1. Class actions must be filed in the Stanley Mosk Courthouse, Central District. | 7. Location where petitioner resides.  |
| 2. Permissive filing in central district.  | 8. Location wherein defendant/respondent functions wholly.   |
| 3. Location where cause of action arose.   | 9. Location where one or more of the parties reside.   |
| 4. Mandatory personal injury filing in North District.                           | 10. Location of Labor Commissioner Office.   |
| 5. Location where performance required or defendant resides.                     | 11. Mandatory filing location (Hub Cases – unlawful detainer, limited non-collection, limited collection, or personal injury). |
| 6. Location of property or permanently garaged vehicle.                          |  |

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Auto Tort	Auto (22)	<input type="checkbox"/> A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1, 4, 11
	Uninsured Motorist (46)	<input type="checkbox"/> A7110 Personal Injury/Property Damage/Wrongful Death – Uninsured Motorist	1, 4, 11
Other Personal Injury/Property Damage/Wrongful Death Tort	Asbestos (04)	<input type="checkbox"/> A6070 Asbestos Property Damage <input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	1, 11 1, 11
	Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1, 4, 11
	Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons <input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1, 4, 11 1, 4, 11
	Other Personal Injury Property Damage Wrongful Death (23)	<input type="checkbox"/> A7250 Premises Liability (e.g., slip and fall)	1, 4, 11
		<input type="checkbox"/> A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.)	1, 4, 11
		<input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress <input type="checkbox"/> A7220 Other Personal Injury/Property Damage/Wrongful Death	1, 4, 11 1, 4, 11

SHORT TITLE:

CASE NUMBER 18VER000775

	<b>A</b> Civil Case Cover Sheet Category No.	<b>B</b> Type of Action (Check only one)	<b>C</b> Applicable Reasons - See Step 3 Above
Non-Personal Injury/Property Damage/ Wrongful Death Tort	Business Tort (07)	<input type="checkbox"/> A6029 Other Commercial/Business Tort (not fraud/breach of contract)	1, 2, 3
	Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination	1, 2, 3
	Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel)	1, 2, 3
	Fraud (16)	<input type="checkbox"/> A6013 Fraud (no contract)	1, 2, 3
	Professional Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal)	1, 2, 3 1, 2, 3
	Other (35)	<input type="checkbox"/> A6025 Other Non-Personal Injury/Property Damage tort	1, 2, 3
Employment	Wrongful Termination (36)	<input type="checkbox"/> A6037 Wrongful Termination	1, 2, 3
	Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case <input type="checkbox"/> A6109 Labor Commissioner Appeals	1, 2, 3 10
Contract	Breach of Contract/ Warranty (06) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) <input type="checkbox"/> A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) <input type="checkbox"/> A6019 Negligent Breach of Contract/Warranty (no fraud) <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2, 5 2, 5 1, 2, 5 1, 2, 5
	Collections (09)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff <input type="checkbox"/> A6012 Other Promissory Note/Collections Case <input type="checkbox"/> A6034 Collections Case-Purchased Debt (Charged Off Consumer Debt Purchased on or after January 1, 2014)	5, 6, 11 5, 11 5, 6, 11
	Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex)	1, 2, 5, 8
	Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud <input type="checkbox"/> A6031 Tortious Interference <input type="checkbox"/> A6027 Other Contract Dispute(not breach/insurance/fraud/negligence)	1, 2, 3, 5 1, 2, 3, 5 1, 2, 3, 8, 9
	Eminent Domain/Inverse Condemnation (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation      Number of parcels_____	2, 6
Real Property	Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case	2, 6
	Other Real Property (26)	<input type="checkbox"/> A6018 Mortgage Foreclosure <input type="checkbox"/> A6032 Quiet Title <input type="checkbox"/> A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure)	2, 6 2, 6 2, 6
	Unlawful Detainer-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	6, 11
Unlawful Detainer	Unlawful Detainer-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	6, 11
	Unlawful Detainer- Post-Foreclosure (34)	<input type="checkbox"/> A6020F Unlawful Detainer-Post-Foreclosure	2, 6, 11
	Unlawful Detainer-Drugs (38)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs	2, 6, 11



SHORT TITLE:	CASE NUMBER <b>18VER000775</b>
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	<b>A</b> Civil Case Cover Sheet Category No.	<b>B</b> Type of Action (Check only one)	<b>C</b> Applicable Reasons - See Step 3 Above	
<b>Judicial Review</b>	Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case	2, 3, 6	
	Petition re Arbitration (11)	<input type="checkbox"/> A6115 Petition to Compel/Confirm/Vacate Arbitration	2, 5	
	Writ of Mandate (02)	<input type="checkbox"/> A6151 Writ - Administrative Mandamus <input type="checkbox"/> A6152 Writ - Mandamus on Limited Court Case Matter <input type="checkbox"/> A6153 Writ - Other Limited Court Case Review	2, 8 2 2	
	Other Judicial Review (39)	<input type="checkbox"/> A6150 Other Writ /Judicial Review	2, 8	
<b>Provisionally Complex Litigation</b>	Antitrust/Trade Regulation (03)	<input type="checkbox"/> A6003 Antitrust/Trade Regulation	1, 2, 8	
	Construction Defect (10)	<input type="checkbox"/> A6007 Construction Defect	1, 2, 3	
	Claims Involving Mass Tort (40)	<input type="checkbox"/> A6006 Claims Involving Mass Tort	1, 2, 8	
	Securities Litigation (28)	<input type="checkbox"/> A6035 Securities Litigation Case	1, 2, 8	
	Toxic Tort Environmental (30)	<input type="checkbox"/> A6036 Toxic Tort/Environmental	1, 2, 3, 8	
	Insurance Coverage Claims from Complex Case (41)	<input type="checkbox"/> A6014 Insurance Coverage/Subrogation (complex case only)	1, 2, 5, 8	
<b>Enforcement of Judgment</b>	Enforcement of Judgment (20)	<input type="checkbox"/> A6141 Sister State Judgment <input type="checkbox"/> A6160 Abstract of Judgment <input type="checkbox"/> A6107 Confession of Judgment (non-domestic relations) <input type="checkbox"/> A6140 Administrative Agency Award (not unpaid taxes) <input type="checkbox"/> A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax <input type="checkbox"/> A6112 Other Enforcement of Judgment Case	2, 5, 11 2, 6 2, 9 2, 8 2, 8 2, 8, 9	
	RICO (27)	<input type="checkbox"/> A6033 Racketeering (RICO) Case	1, 2, 8	
	Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A6030 Declaratory Relief Only <input type="checkbox"/> A6040 Injunctive Relief Only (not domestic/harassment) <input type="checkbox"/> A6011 Other Commercial Complaint Case (non-tort/non-complex) <input type="checkbox"/> A6000 Other Civil Complaint (non-tort/non-complex)	1, 2, 8 2, 8 1, 2, 8 1, 2, 8	
	Partnership Corporation Governance (21)	<input type="checkbox"/> A6113 Partnership and Corporate Governance Case	2, 8	
	<b>Miscellaneous Civil Petitions</b>	Other Petitions (Not Specified Above) (43)	<input type="checkbox"/> A6121 Civil Harassment <input type="checkbox"/> A6123 Workplace Harassment <input type="checkbox"/> A6124 Elder/Dependent Adult Abuse Case <input type="checkbox"/> A6190 Election Contest <input type="checkbox"/> A6110 Petition for Change of Name/Change of Gender <input type="checkbox"/> A6170 Petition for Relief from Late Claim Law <input type="checkbox"/> A6100 Other Civil Petition	2, 3, 9 2, 3, 9 2, 3, 9 2 2, 7 2, 3, 8 2, 9

SHORT TITLE:

CASE NUMBER

18VER000775

**Step 4: Statement of Reason and Address:** Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected. Enter the address which is the basis for the filing location, including zip code. (No address required for class action cases).

REASON:

☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11.

ADDRESS:



**Step 5: Certification of Assignment:** I certify that this case is properly filed in the Los Angeles District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., §392 et seq., and Local Rule 2.3(a)(1)(E)].

Dated:

04/29/10
  
 (SIGNATURE OF ATTORNEY/FILING PARTY)

**PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:**

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 02/16).
5. Payment in full of the filing fee, unless there is court order for waiver, partial or scheduled payments.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.



<b>CASE SCREENING FACTOR(S)</b> <input type="checkbox"/> SUSPECT/VEHICLE NOT SEEN <input checked="" type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT <input checked="" type="checkbox"/> MO NOT DISTINCT <input checked="" type="checkbox"/> PROPERTY LOSS LESS THAN \$5,000 <input checked="" type="checkbox"/> NO SERIOUS INJURY TO VICTIM <input checked="" type="checkbox"/> ONLY ONE VICTIM INVOLVED		REPORT OF: <b>ROBBERY</b> INVEST DIV: <b>NHLD</b> INC # <b>18042800</b> 4737 DR #	
<b>PREMISES</b> (SPECIFIC TYPE) <input type="checkbox"/> ATM <b>PATIO</b>		<b>VICTIM</b> LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS): <b>FINLEY, DEIDRE</b> SEX: <b>F</b> DESC: <b>W</b> HT: <b>508</b> WT: <b>140</b> AGE: <b>33</b> B: <b>[REDACTED]</b> <input checked="" type="checkbox"/> X E-MAIL ADDRESS: <b>[REDACTED]</b> CELL PHONE: <b>SAME</b> FOREIGN LANGUAGE SPOKEN: <b>[REDACTED]</b> OCCUPATION: <b>CARPENTER</b>	
<b>ENTRY</b> 459/BFV POINT OF ENTRY <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> OTHER		POINT OF EXIT LOCATION OF OCCURRENCE SAME AS V/S <input checked="" type="checkbox"/> RES. <input type="checkbox"/> BUS. R.D. <b>1535</b> DATE & TIME OF OCCURRENCE: <b>042818 2045</b> DATE & TIME REPORTED TO PD: <b>042818 2120</b> TYPE PROPERTY STOLEN/LOST/DAMAGED: <b>CELL PHONE</b> 03.04.00 GIVEN <input type="checkbox"/> STOLEN/LOST <b>\$400.00</b> RECOVERED <b>\$</b> EST. DAMAGED ARSON / VAND. <b>\$</b>	
<b>VICT'S VEH.</b> (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.		NOTIFICATION(S) (PERSON & DIVISION) CONNECTED REPORT(S) (TYPE & DR #)	
<b>MO</b> IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE. <b>SUSP - VICT GOT INTO A HEATED DISC OVER AN ALIENATION.</b> <b>SUSP PULLED VICT ONTO THE GROUND &amp; PUNCHED VICT.</b> <b>SUSP TOOK VICT 2100-1100.</b> MANDATORY MARY'S RIGHTS CARD PROVIDED TO THE VICTIM <input checked="" type="checkbox"/> MOTIVATED BY HATRED/PREJUDICE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>			
<b>REPORTING EMPLOYEE(S)</b> INITIALS, LAST NAME: <b>ACEVEDO</b> SERIAL NO.: <b>33708 15</b> DIV./DETAIL: <b>TUNDSEN 4333 A35</b>		PERSON REPORTING: <b>[REDACTED]</b> SIGNATURE: <b>[REDACTED]</b> OR RECEIVED BY PHONE <input type="checkbox"/> NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.	

**THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION**

KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPANOL AL REVER

Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.

**TO REPORT ADDITIONAL INFORMATION:** If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number **[REDACTED]**. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

**COPY OF REPORT:** If you wish to purchase a copy of the complete report, phone (213) 486-8130 to obtain the purchase price. Send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims; 2) Type of report and DR number (if listed above); 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

**DR NUMBER:** If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

**CREDIT CARDS/CHECKS:** Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

**HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE:**

- \* Keep this memo for reference.
- \* If stolen items have serial numbers not available at time of report, attempt to locate them and phone them to the detective at the listed number.
- \* If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
- \* Promptly report recovery of property.
- \* Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

**VICTIM-WITNESS ASSISTANCE PROGRAM:** The Los Angeles City and County Victim-Witness Assistance Program (VWAP) can help to determine if you qualify for Victim of Violent Crime compensation. If you qualify, they will assist with filling your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. Their staff may also assist you with other problems created by the crime.

To find the program location nearest to you, call the Victim-Witness Assistance Program at the Los Angeles City Attorney's Office (213) 485-6976, or the Los Angeles County District Attorney's Office (800) 380-3811.

**VICTIMS OF VIOLENT CRIME COMPENSATION:** Refer to paragraph at bottom of reverse side.

818 754 8301

with Det

DEPARTAMENTO DE POLICIA  
DE LOS ANGELES

MEMORANDUM DE REPORTE PARA VICTIMAS

*Su caso será asignado a un detective para continuar la investigacion basandose en factores especificos obtenidos durante la investigacion inicial. Estudios han demostrado que la presencia de estos factores pueden predecir si una investigación detallada podría resultar en el arresto y prosecución del responsable o la recuperación de la propiedad, de una manera que es menos costosa para ud, el contribuyente. Disminuciones significantes de personal han hecho imposible a los detectives discutir personalmente cada caso con todas las victimas de crímenes. El detective no lo contactara rutinariamente a menos que requiera información adicional.*

**PARA REPORTAR INFORMACIÓN ADICIONAL:** Si tiene datos especificos que proveer que pudieran asistir en la investigacion de su caso, favor de comunicarse con el detective de Lunes a Viernes, entre las 8:00 y 9:30 de la mañana o entre las 2:30 y 4:00 de la tarde al teléfono \_\_\_\_\_. Si el detective no se encuentra disponible cuando usted llame, favor de dejar un mensaje incluyendo un número de teléfono dónde se pueda comunicar con ud.

**COPIA DE REPORTE:** Si desea comprar una copia del reporte completo, llame al (213) 486-8133 para obtener el precio actual. Remita un cheque o giro postal a Los Angeles Police Department Records and Identification Division, Box 30158, Los Angeles, California 90030. Incluya con su petición una copia de este reporte o la siguiente información: 1) Nombre y domicilio de la victima(s); 2) Tipo de reporte, y numero de DR, (si está listado en esta forma); 3) Fecha y lugar de los hechos. NOTA: Peticiones no adjuntas al pago apropiado no serán procesadas.

**Numero DR:** Si no aparece en esta forma, el número DR se puede obtener escribiendo a Records and Identification Division dandoles la información necesaria para obtener una copia del reporte (véa el parrafo superior). Especifique que usted quiere el número DR. Será mandado sin tardanzas. No hay cargos por este servicio.

**TARJETA DE CREDITO/CHEQUES:** Notifique ímediatamente a su compañía de crédito o banco para evitar la posibilidad de hacerse sujeto a que alguien use sus cheques o tarjeta perdida o robada.

**COMO PUEDE AYUDAR EN LA INVESTIGACION DE SU CASO**

- Mantenga este memorándum como referencia.
- Si los bienes robados tienen número de serie, y no los tenía al llenar el reporte trate de localizarlos y llame al detective al número listado.
- Si describe perdidas adicionales, llene y mande la forma Supplemental Property Loss proveida por el empleado tomando el reporte.
- Reporte la recuperación de bienes de inmediato.
- Reporte detalles adicional de inmediato tal como un vecino informandole de actividad sospechosa en el tiempo en que ocurrió el delito.

**PROGRAMA DE ASISTENCIA A VICTIMAS Y TESTIGOS:** El programa de asistencia a víctimas y testigos de la ciudad y del condado de Los Angeles (VWAP) puede ayudar a determinar si usted califica para una compensación como víctima de un crimen violento. Si usted califica, le ayudarán a llenar su reclamo. Si usted es víctima o testigo de un crimen y estará asistiendo a la corte, ellos le explicarán el procedimiento de la corte. El personal del programa también le puede ayudar con otros problemas causados por el crimen.

Para encontrar el sitio del programa mas cercano a usted, llame al Programa de Asistencia a Víctimas y Testigos en la oficina del abogado de la Ciudad de Los Angeles (213) 485-6976 o a la oficina del Fiscal del Condado de Los Angeles (800) 380-3811.

**COMPENSACION PARA VICTIMAS DE CRIMENES VIOLENTOS:** Si usted ha sido víctima de un crimen violento y está herido a causa de ese crimen, usted puede calificar para un reembolso de parte del Estado por gastos médicos; pérdidas de sueldo o de mantenimiento, rehabilitación o reentrenamiento vocacional. Si la herida o la muerte resultó a causa de un accidente automovilístico, usted o su afectado también puede calificar si el chófer culpable fué somtido a uno de los siguientes cargos: conducir bajo la influencia del alcohol o de drogas; chocar y huir; usar el vehículo como arma, o huyendo del sitio de un delito violento.

Si usted pagó los gastos fúnebres de una víctima de un delito violento, puede ser reembolsado hasta \$2,275 por los gastos. El Estado no reembolsará por daños ni pérdidas de propiedad. La ley (Sección 13959 y las subsiguientes secciones del Código Gubernamental) requiere que la víctima sea residente de California, que reporte el crimen y que coopere con la ley para recibir el reembolso. Usted tiene un año, a partir de la fecha del delito, para hacer su reclamo (este límite se puede extender si hay una causa que lo justifique).

Obtenga una solicitud como víctima de crimen violento llamando al Programa de Asistencia a Víctimas y Testigos: Abogado de la Ciudad (213) 485-6976, Abogado de Distrito (800) 380-3811. También puede encontrar aplicaciones en las estaciones de la policía de Los Angeles.

**VICTIMS OF VIOLENT CRIME COMPENSATION:** If you are a victim of a violent crime and are injured as a result of the crime, you may be able to be repaid by the State for medical expenses, loss of wages or support, rehabilitation or job retraining. If injury or death was the result of an auto accident, you or your survivor may also qualify if the driver at fault was charged with one of the following: driving under the influence of alcohol or drugs; hit and run; using the vehicle as a weapon; or fleeing the scene of a violent crime.

If you paid the funeral/burial expenses for someone who was a victim of a violent crime, you may be repaid up to \$2,275 for these expenses. Property loss or damage will not be repaid by the State. The law (California Government Code Section 13959 et seq.) requires that a victim must be a California resident, must report the crime, and must cooperate with law enforcement in order to receive repayment. You have one year from the date of the crime to file a claim (may be extended for good cause).

To Obtain a victim of violent crime application, you may call one of these Victim-Witness Assistance Programs: City Attorney - (213) 485-6976, District Attorney - (800) 380-3811. Copies of the application may also be obtained at any Los Angeles police station.

**GUARDE ESTE MEMORANDUM PARA REFERENCIA**

[www.LAPDOnline.org](http://www.LAPDOnline.org)  
[www.joinLAPD.com](http://www.joinLAPD.com)



NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: <u>Deidre B Finley</u> [REDACTED]		STATE BAR NUMBER [REDACTED]	Reserved for Clerk's File Stamp <b>FILED</b> LOS ANGELES SUPERIOR COURT  APR 30 2018  HENRI R. CALICH, EXECUTIVE OFFICER/CLERK BY <u>Patricia A. McElwain</u> , DEPUTY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>			
COURT HOUSE ADDRESS: [REDACTED]			
PETITIONER / PLAINTIFF: <u>Deidre B. Finley</u>			
RESPONDENT / DEFENDANT: <u>Isabelle Celeste Dawson</u>			
CHILD'S NAME: [REDACTED]		CHILD'S DATE OF BIRTH: [REDACTED]	CASE NUMBER: <b>18VER000775</b>
DECLARATION RE: NOTICE OF EX PARTE REQUEST (NO NOTICE GIVEN) (Temporary Restraining Order)			RELATED CASES (IF ANY):

I, Deidre B. Finley, declare that:  
(PRINT NAME)

1) I did not give notice to the other party in this action because:

- ☒ I was afraid that the violence would reoccur when I gave notice that I was asking for these orders.
- ☐ I was afraid that the other party would take the children out of the area before the order could be granted and served.
- ☐ I believe that giving notice would make the orders useless because the other party would:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) I attempted and was unable to inform \_\_\_\_\_ or his/her attorney \_\_\_\_\_  
that I would be seeking a temporary restraining order. My attempts included \_\_\_\_\_

\_\_\_\_\_

✓ 3) Other [REDACTED]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the above is true and correct, and that I executed this declaration at Van Nuys, California

04/29/18  
DATE

[Signature]  
SIGNATURE OF DECLARANT:



NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: <b>Deldre Finley</b> [REDACTED]		STATE BAR NUMBER	Reserved for Clerk's File Stamp
COURT HOUSE ADDRESS: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		Los Angeles Superior Court 6230 Sylmar Avenue Van Nuys, CA 91401 North West District	
PETITIONER / PLAINTIFF:			
RESPONDENT / DEFENDANT:			
CHILD'S NAME: (If more than one child, please attach list)	CHILD'S DATE OF BIRTH:	CASE NUMBER:	
DECLARATION OF EX PARTE NOTICE (Temporary Restraining Order)		RELATED CASES (IF ANY):	

I, \_\_\_\_\_, declare that:  
(PRINT NAME)

1) I informed the other party in this action that I would be seeking a temporary restraining order as follows:

Person informed: \_\_\_\_\_ Date and time informed: \_\_\_\_\_

How informed: ☐ By telephone to the party  
☐ By telephone to the attorney  
☐ By personally informing: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

I informed the person listed above that I would be seeking a temporary restraining order in Dept. \_\_\_\_\_ of the Superior Court located at \_\_\_\_\_ on \_\_\_\_\_, 200\_\_ at 8:30 a.m.

2) I told him/her the orders requested included, but were not limited to the following:

- ☐ That he/she not annoy, attack, molest, strike, batter, harass, assault, contact or disturb the peace of Petitioner/Respondent.
- ☐ That he/she stay 100 yards away from Petitioner/Respondent and Petitioner's/Respondent's home.
- ☐ That he/she be ordered to immediately move out of Petitioner's/Respondent's house.
- ☐ That Petitioner/Respondent have custody of the minor children.
- ☐ That he/she have no visitation with the children pending hearing.
- ☐ Other: \_\_\_\_\_

3) I informed the Petitioner/Respondent that he/she should appear at the above time and place if he/she wished to be heard by the court.

I declare the foregoing is true and correct under penalty of perjury under the laws of the State of California.

Date: \_\_\_\_\_

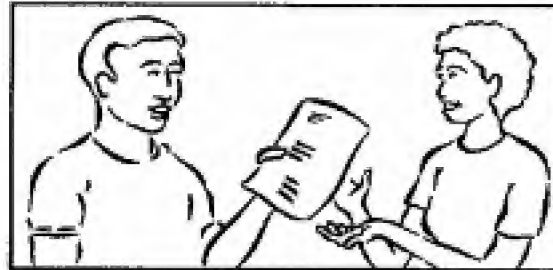
Signature of Declarant

Clerk stamps date here when form is filed.

**1 Person Seeking Protection**Name: DEICHE B. FINLEY**2 Person From Whom Protection Is Sought**Name: DAWSON, ISABEL**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Not be listed in items **1** or **3** of Form CH-100.
- Give a copy of all documents checked in **4** to the person in **2**. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in **1**.



Fill in court name and street address:

Superior Court of California, County of

LOS ANGELES SUPERIOR  
COURT  
6230 SYLMAR AVE  
VAN NUYS, CA 91401

Court fills in case number when form is filed.

Case Number:

18VER000775

**PROOF OF PERSONAL SERVICE****4** I gave the person in **2** a copy of the forms checked below:

- a. ☐ CH-109, Notice of Court Hearing
- b. ☒ CH-110, Temporary Restraining Order
- c. ☐ CH-100, Request for Civil Harassment Restraining Orders
- d. ☐ CH-120, Response to Request for Civil Harassment Restraining Orders (blank form)
- e. ☐ CH-120-INFO, How Can I Respond to a Request for Civil Harassment Restraining Orders?
- f. ☐ CH-130, Civil Harassment Restraining Order After Hearing
- g. ☐ CH-800, Proof of Firearms Turned In, Sold, or Stored (blank form)
- h. ☐ Other (specify): \_\_\_\_\_

**5** I personally gave copies of the documents checked above to the person in **2**:

- a. On (date): 05/01/18 b. At (time): 10:30 ☐ a.m. ☒ p.m.
- c. At this address \_\_\_\_\_  
City: \_\_\_\_\_ State: CT Zip: 91601

**6 Server's Information**Name: HANDEL, KEVEN

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

State: CA Zip: 91601

(If you are a registered process server):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: 05/01/18

Type or print server's name

  
Server to sign here



Date/Time: May. 3. 2018 11:44AM

File  
No. Mode  
4255 Memory TX

Destination  
13103791951

Pg(s) Result  
P. 35 OK

Reason for error  
1) Hang up or line fail  
2) No answer  
3) Exceeded max. e-mail size

E. 2) Busy  
E. 4) No facsimile connection

**CH-109 Notice of Court Hearing**

**(1) Person Seeking Protection**

a. Your Full Name: Debbie B. Furlong  
Your Lawyer (if you have one for this case):  
Name: Alot Yef State Bar No.:  
Firm Name:

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to do so.)  
Add: [REDACTED]  
City: [REDACTED]  
Telephone: [REDACTED]  
E-Mail Address: [REDACTED]

*(Date stamp date here when form is filed)*

**FILED**  
LOS ANGELES SUPERIOR COURT  
APR 30 2018  
MARIA CRUZ, CLERK OF COURT  
BY PATRICIA A. HERRERA, DEPUTY

*(If you are not a self-represented litigant, please print name and street address.)*  
Superior Court of California, County of  
Los Angeles Superior Court  
6230 Sylmar Avenue  
Van Nuys, CA 91401  
North West District  
*(Court file in case number where form is filed.)*  
Case Number:  
**18VER000775**

**(2) Person From Whom Protection is Sought**

Full Name: Isabelle Celeste Duran

*The court will complete the rest of this form.*

**(3) Notice of Hearing**

A court hearing is scheduled on the request for restraining orders against the person in (2):

*Name and address of court if different from above:*

Hearing Date: 5-23-18 Time: 8:30  
Dept: VE-1 Room: 730

**(4) Temporary Restraining Orders (Any orders granted are on Form CH-110, served with this notice.)**

- a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form CH-180, Request for Civil Harassment Restraining Orders, are (check only one box below):
- (1) ☒ **ALL GRANTED** until the court hearing.
- (2) ☐ **ALL DENIED** until the court hearing. (Specify reasons for denial in b, below.)
- (3) ☐ **Partly GRANTED and partly DENIED** until the court hearing. (Specify reasons for denial in b, below.)

